

FILED JUN 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17404

State File No.

BIRTH NO.		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>6091</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>SALINE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL SALT POND</u>		c. LENGTH OF STAY (In this place) <u>✓</u>		c. CITY OR TOWN <u>SWEET SPRING</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>0970</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 MI WEST SWEET SPRING, MO</u>				f. STREET ADDRESS (If rural, give location) <u>RURAL 7 MI NW SWEET SPRING, MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLEY</u>		b. (Middle) <u>W.</u>		c. (Last) <u>LAUGHLIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 8 1955</u>	
5. SEX <u>0</u> <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MARCH 25, 1895</u>	
9. AGE (In years last birthday) <u>60</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SWEET SPRING, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JACK LAUGHLIN</u>		13b. MOTHER'S MAIDEN NAME <u>WILLIE JANE FORBES</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>492-18-9616</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LYNDLA MAY BURNETT SWEET SPRING, MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Automobile Accident Broken neck</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>and crushed right chest -</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3. INTERVAL BETWEEN ONSET AND DEATH <u>20 Min.</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway No.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Salt Pond Saline Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 - 8 - 25 12:00 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Lost Control of Car.</u>			
22. I hereby certify that I attended the deceased from <u>6-8-55</u> , 19 <u>55</u> , and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>P. L. Blakes M.D. Croner 3 Saline Co</u>				23b. ADDRESS <u>Marshall MO</u>		23c. DATE SIGNED <u>6-9-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>JUNE 10, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SWEET SPRING MO</u>	
DATE REC'D BY LOCAL REG. <u>JUNE 10, 1955</u>		REGISTRAR'S SIGNATURE <u>Mary Masley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. James</u>		ADDRESS <u>Conradia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 21 1958

JUN 8 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by me Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. L. James.....

Licensed Embalmer No. 205

P. O. Address Concordia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.